03/15/2010 16:22

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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 02 0 1 2010 02 28 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 03 15 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/38

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Hospital Association PAC D <sup>®</sup> D 2010 02 0 1 2010 0.2 28 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 2190847.18 January 1 (b) Cash on Hand at 2250481.15 Begining of Reporting Period ..... 89680.32 217334.70 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2340161.47 2408181.88 6(a) and 6(c) for Column B) ..... 68925.26 136945.67 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 2271236.21 2271236.21 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 38

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

м м 0 2

From:

D D D

2010

o. 0 2

D D 28

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. C (a	ontributions (other than loans) From:  i) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	13870.00	18220.00
	(ii) Unitemized	8039.42	12955.42
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	21909.42	31175.42
(b	o) Political Party Committees	0.00	0.00
(c	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21909.42	31175.42
	ransfers From Affiliated/Other arty Committees	66000.00	184100.00
3. A	Il Loans Received	0.00	0.00
	pan Repayments Receivedffsets To Operating Expenditures	0.00	0.00
(C	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) efunds of Contributions Made	0.00	0.00
to	Federal candidates and Other olitical Committees	1500.00	1500.00
	ther Federal Receipts Dividends, Interest, etc.)	270.90	559.28
	ransfers from Non-Federal and Levin Funds		
(a	i) Non-Federal Account (from Schedule H3)	0.00	0.00
(b	) Levin Funds (from Schedule H5)	0.00	0.00
(c	) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	89680.32	217334.70
	otal Federal Receipts ubtract Line 18(c) from Line 19)	89680.32	217334.70

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 38

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	205.00	050.47
Expenditures	325.26	653.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	325.26	653.17
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to     Federal Candidates/Committees     and Other Political Committees	68600.00	136100.00
and Other Political Committees  Independent Expenditure	00000.00	130100.00
(use Schedule E)	0.00	0.00
. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
(ase correction )		
. Loan Repayments Made	0.00	0.00
. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
		100.50
. Other Disbursements	0.00	192.50
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) Federal Share		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Dishursements (add Lines 21/s), 22		
<ol> <li>Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))</li> </ol>	68925.26	136945.67
20, 27, 20, 20, 21, 20(a), 23 and 00(b))		1000 10101
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	20005.00	100045.07
from Line 31)	68925.26	136945.67

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 38

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	21909.42	31175.42
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	21909.42	31175.42
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	325.26	653.17
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	325.26	653.17

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 38 (check only one)  11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan		Date of Receipt
Mailing Address PO Box 871		02 01 2010
City	State Zip Code	Transaction ID: 17987493
<u>Bismarck</u>	ND 58502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00143438	1500.00
Name of Employer	Occupation	
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

		1500.00
SUBTOTAL of Receipts This Page (optional)		1300.00
TOTAL This Period (last page this line number only)	<b>•</b>	1500.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 38 (check only one)  11a 11b 11c X 12 13 14 15 16	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial)		Date of Receipt	
	Healthcare Association of Hawaii PAC Mailing Address 932 Ward Avenue, Suite 430		
City Honolulu	State Zip Code HI 96814	Transaction ID: 17988649  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	<b>C</b> C00159061	500.00	
Name of Employer	Occupation		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED Parameters Mailing Address One Empire Drive	AC	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y	
City	State Zip Code	Transaction ID: 18011082	
Rensselaer	NY 12144	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	<b>C</b> C00160259	15000.00	
Name of Employer	Occupation		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 73500.00		
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federa	1	Date of Receipt	
Mailing Address 1215 K Street Suite 800		02 / 19 / 2010	
City Sacramento	State Zip Code CA 95814	Transaction ID: 18011083  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	<b>C</b> C00237495	40000.00	
Name of Employer	Occupation		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 40000.00		
SUBTOTAL of Receipts This Page (optional)		55500.00	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 38 (check only one)  11a 11b 11c X 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Healthcare Association of Hawaii PAC Mailing Address 932 Ward Avenue, Suit	e 430		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Honolulu	State HI	Zip Code 96814	Transaction ID: 18026404  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0159061	500.00
	Name of Employer	Occupatio	on	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Federal	Political Actio	n Comm (HAPAC)	Date of Receipt
	Mailing Address Post Office Box 8600			02 11 2010
	City	State	Zip Code	Transaction ID: 18094179
	<u>Harrisburg</u>	PA	17105-8600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0128082	10000.00
	Name of Employer	Occupatio	n	7
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	•	10500.00
TOTAL This Period (last page this line number only)	<b>•</b>	66000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information conicd from such Paparts and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 38 (check only one)    X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person ne name and address of any political committee to s	of the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms Judy McClenaghan		Date of Receipt
Mailing Address 2806 Octabia Lane		02 12 2010
City	State Zip Code	Transaction ID: 18003171
<u>Marietta</u>	GA 30062-4924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Georgia Hospital Associat-	Occupation	7
ion Receipt For:	Government Relations Coordinator	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Vi B. Naylor		Date of Receipt
Mailing Address 190 Hunting Creek D	rive	M M / D D / Y Y Y Y Y O 2 1 2 2 0 1 0
City	State Zip Code	Transaction ID: 18003174
<u>Marietta</u>	GA 30068-3416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Georgia Hospital Associat- ion	Occupation Executive Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Joyce Reid	_L	Date of Receipt
Mailing Address 1675 Terrell Mill Rd		02 12 YYYY 2010
City	State Zip Code	Transaction ID: 18003175
<u>Marietta</u>	GA 30067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Georgia Hospital Associat- ion	Occupation Health and Accountability Specialist,	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 38 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PA  Full Name (Last, First, Middle Initial)	C	1
Ms. Patricia Conway-Morana  Mailing Address 3300 Gallows Roa	d	Date of Receipt    Date of Receipt
City Falls Church	State Zip Code VA 22042-3307	Transaction ID: 18004528  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Inova Fairfax Hospital	Occupation Chief Nurse Executive	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Michael Maron		Date of Receipt
Mailing Address 34 Grove Street	7.0.1	02 12 2010
City <u>Orade</u> ll	State Zip Code NJ 07649	Transaction ID: 18004898
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  500.00
Name of Employer Holy Name Hospital	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Audrey Meyers		Date of Receipt
Mailing Address 251 Highland Aver		02 12 2010
City Ridgewood	State Zip Code NJ 07450-2726	Transaction ID: 18004901  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Valley Health System	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1350.00
TOTAL This Period (last page this line nur	nber only)	

# SCHEDULE A (FEC Form 3X)

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and Si	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 38 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	name and add	dress of any political committee to	o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Frank J Vozos, , M.D., FA Mailing Address 300 Second Avenue  City	State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	Long Branch  FEC ID number of contributing federal political committee.	NJ C	07740-6303	Amount of Each Receipt this Period 250.00
	Name of Employer Saint Barnabas Health Care System Receipt For:  Primary General  Other (specify) ▼		e Director e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Jeff M. Dye Mailing Address 2121 Osuna Rd NE			Date of Receipt  0 2 1 2 2 0 1 0
	City	State	Zip Code	Transaction ID: 18007805
	Albuquerque  FEC ID number of contributing federal political committee.	C	87113-1001	Amount of Each Receipt this Period 500.00
	Name of Employer New Mexico Hospital Association Receipt For:  Primary General Other (specify)		n t and Chief Executive Office e Year-to-Date ▼ 500.00	er .
- C.	Full Name (Last, First, Middle Initial) Mr. Brian S Bentley Mailing Address 1313 East 32nd Street			Date of Receipt  0 2 1 2 2 0 1 0
	City	State	Zip Code	Transaction ID: 18007806
	Silver City  FEC ID number of contributing federal political committee.	C	88061-7251	Amount of Each Receipt this Period 250.00
	Name of Employer Gila Regional Medical Cen- ter	Occupatio Chief Exc	n ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number	onlv)		

ITEMIZED RECEIPTS	<b>(</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 12/38   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Mark Dixon			Date of Receipt
Mailing Address 7102 Heatherton Tr	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Edina	State MN	Zip Code 55435-4121	Transaction ID: 18007910  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	304034121	250.00
Name of Employer Fairview Health Services	Occupation Regional	n President, Southwest	
Receipt For:  Primary  General  Other (specify)		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Alan L Goldbloom, , M.D.			Date of Receipt
Mailing Address 2525 Chicago Avenue South			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18007912
Minneapolis	MN	55404-4518	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Children's Hospitals and	Occupation Presiden	n t and Chief Executive Officer	
Clinics of Mi Receipt For:	<del></del>	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
	Mr. Timothy H Hanson  Mailing Address 559 Capitol Boulevard, 6-South		
City	State	Zip Code	0 2 1 7 2 0 1 0 Transaction ID: 18007915
Saint Paul	MN	55103-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer HealthEast Care System	Occupation President	n t and Chief Executive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 38 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Ms. Mary Maertens  Mailing Address 300 South Bruce Si	treet		Date of Receipt
City  Marshall  FEC ID number of contributing	State MN	Zip Code 56258-3901	0 2 1 7 2 0 1 0  Transaction ID: 18007921  Amount of Each Receipt this Period  500.00
Name of Employer Avera Marshall Regional Medical Center Receipt For: Primary Other (specify)	Occupation Director, C	ommunity Services ear-to-Date ▼	
Full Name (Last, First, Middle Initial) Mr. Lawrence J Massa Mailing Address 2550 University Ave	enue W.		Date of Receipt  0 2 1 7 2 0 1 0
City	State	Zip Code	Transaction ID: 18007922
Saint Paul	MN	55114-1052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		225.00
Name of Employer Minnesota Hospital Associ-	Occupation President		
ation Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr. Terence Pladson, , M.D.			Date of Receipt
Mailing Address 1406 Sixth Avenue	North		0 2 1 7 2 0 1 0
City	State	Zip Code	Transaction ID: 18007925
Saint Cloud  FEC ID number of contributing federal political committee.	C	56303-1900	Amount of Each Receipt this Period 500.00
Name of Employer CentraCare Health System	Occupation President a	and Chief Executive Office	<del>-</del>
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	ın		1225.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 14 / 38 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and	Statements may not be	sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using th	e name and address of	any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Donna M. Herrin-Griffith, MSN, RN, C			Date of Receipt
Mailing Address 105 Overleaf Pointe			02 19 2010
City		o Code	Transaction ID: 18011025
<u>Huntsville</u>	AL 38	3104-6600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Methodist Le Bonheur Heal- thcare	Occupation Sr. Vice President	ent	
Receipt For:	Aggregate Year-to	o-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Mr. Michael P. Guerin	1		Date of Receipt
Mailing Address One North Franklin			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zi <sub>l</sub>	o Code	Transaction ID: 18011027
Chicago	IL 60	0606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice President	ent and Secretary	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	o-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mary Longe			Date of Receipt
Mailing Address One North Franklin			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		o Code	Transaction ID: 18011034
Chicago	IL 60	0606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Account Manag	ger AHA Solutions, Inc	
Receipt For:	Aggregate Year-to	o-Date ▼	
Primary General Other (specify) ▼		300.00	
SUBTOTAL of Receipts This Page (optional) .			1050.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 38 (check only one)    X
or fo	information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>4.</b> <u>M</u>	Full Name (Last, First, Middle Initial) Mr. Mark A. Eustis Mailing Address 2450 Riverside Avenue Dity	State	Zip Code	Date of Receipt    M
<u>1</u> F	Minneapolis FEC ID number of contributing	MN	55454-1450	Amount of Each Receipt this Period  500.00
7 F	ederal political committee.  Name of Employer Fairview Health Services  Receipt For:  Primary  General  Other (specify)	Occupation Presiden	n t and Chief Executive Office Year-to-Date ▼ 500.00	ur .
3. <u>I</u>	Full Name (Last, First, Middle Initial) Mr. Stephen Pribyl Mailing Address 800 Medical Center Dri	ve		Date of Receipt  0 2 2 2 2 1 0 1 0
Ō	City	State	Zip Code	Transaction ID: 18011786
F	Fairmont FEC ID number of contributing ederal political committee.	C	56031-4575	Amount of Each Receipt this Period 250.00
i <u>3</u>	Name of Employer Fairmont Medical Center-M- ayo Health Sy Receipt For:  Primary General  Other (specify) ▼		ministrative Officer  e Year-to-Date ▼  250.00	
;. <u>M</u>	Full Name (Last, First, Middle Initial) Ms. Marianne G. Lorini Mailing Address 151 Pebblebrook Drive			Date of Receipt
_	TOTA GEORGE PROPERTY		7'- 0-4-	02 16 2010
	City Willoughby	State OH	Zip Code 44094-9169	Transaction ID: 18011866  Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
<i>I</i>	Name of Employer Akron Regional Hospital Association	Occupation Presiden	t	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
su	BTOTAL of Receipts This Page (optional)			1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 38 (check only one)    X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	itatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
∠ <b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Scott C Malaney  Mailing Address 1900 South Main Street	et		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Findlay  FEC ID number of contributing federal political committee.	State OH	Zip Code 45840-1214	Transaction ID: 18011867  Amount of Each Receipt this Period  500.00
	Name of Employer Blanchard Valley Health System Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	1	t and Chief Executive Officer Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Ms. Mina H Ubbing Mailing Address 750 Fairview Drive			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City  Lancaster  FEC ID number of contributing federal political committee.	State OH	Zip Code 43130-3313	Transaction ID: 18011874  Amount of Each Receipt this Period  250.00
	Name of Employer Fairfield Medical Center  Receipt For:  Primary General  Other (specify) ▼	. '	t and Chief Executive Officer e Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Robert W Shroder  Mailing Address 667 Eastland Avenue 9	SE		Date of Receipt
	City Warren FEC ID number of contributing federal political committee.	State OH	Zip Code 44484-4503	Transaction ID: 18011875  Amount of Each Receipt this Period  250.00
	Name of Employer St. Elizabeth Health Center Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		t and Chief Executive Officer e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		<b>-</b>	1000.00
	TOTAL This Period (last page this line number	only)	<b>&gt;</b>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 38 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
_	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>A.</b>	Full Name (Last, First, Middle Initial) Dr. David Engler, PhD Mailing Address 323 Pebble Creek Drive	e		Date of Receipt  0 2 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: 18011910
	Dublin  FEC ID number of contributing federal political committee.	ОН	43017-1370	Amount of Each Receipt this Period 250.00
	Name of Employer Ohio Hospital Association  Receipt For:  Primary General Other (specify) ▼		ity Institute e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley Mailing Address 257 Clouse Lane			Date of Receipt  0 2 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: 18011911
	<u>Granville</u>	ОН	43023-1428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer Ohio Hospital Association	Occupatio Senior V	n ice President	
	Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 625.00	
_ C.	Full Name (Last, First, Middle Initial) Ms. Mary L. Gallagher			Date of Receipt
	Mailing Address 155 East Broad Street, 15th Floor			0 2 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: 18011912
	Columbus  FEC ID number of contributing federal political committee.	OH C	43215-3609	Amount of Each Receipt this Period  250.00
	Name of Employer Ohio Hospital Association	Occupatio Vice Pres	n sident & General Counsel	7
	Receipt For: Primary General Other (specify)	. '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	I		1125.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 38 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial)  Ms. Bridget A. Gargan  Mailing Address 54 West Weisheimer F	Road		Date of Receipt  0 2 1 6 2 0 1 0
	City	State OH	Zip Code	Transaction ID: 18011913
	Columbus  FEC ID number of contributing federal political committee.	C	43214-2545	Amount of Each Receipt this Period 250.00
	Name of Employer Ohio Hospital Association  Receipt For: Primary General Other (specify)		n sident, State Policy & Advoc Year-to-Date ▼ 250.00	ac
- В.	Full Name (Last, First, Middle Initial) Ms. Kimberly A. Keiser Mailing Address 2237 Bryden Road			Date of Receipt
	City	State	Zip Code	02 16 2010 Transaction ID: 18011918
	Bexley	OH	43209-1612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ohio Hospital Association	Occupation Chief Info	n ormation Officer	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Ms. Mary M. Yost			Date of Receipt
<b>J</b> .	Mailing Address 924 Riva Ridge Boulev	ard ard		M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18011922
	Gahanna	OH	43230-3825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ohio Hospital Association	Occupation Vice Pres	n sident, Public Affairs	
	Receipt For:  Primary General  Other (specify) ▼	. '	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
Ī	TOTAL This Period (last page this line number of	only)		

City Dublin OH 43017  FEC ID number of contributing federal political committee.  Name of Employer Ohio hospital Association Other (specify)  FIII Name (Last, First, Middle Initial)  Receipt For: Bowling Green  FEC ID number of contributing federal political committee.  Parimary Other (specify)  State Zip Code OH 43402-2603  FIII Name (Last, First, Middle Initial)  FEC ID number of contributing federal political committee.  Name of Employer Other (specify)  FUII Name (Last, First, Middle Initial)  Receipt For: Primary Other (specify)  FEC ID number of contributing federal political committee.  President  Receipt For: Primary Other (specify)  FUII Name (Last, First, Middle Initial)  Receipt For: Primary Other (specify)  FUII Name (Last, First, Middle Initial)  Ms. Joanne Carrocino, FACHE Mailing Address 903 Shore Drive  City State Zip Code OCcupation President  Date of Receipt  Transaction ID: 18011925  Amount of Each Receipt  Date of Receipt  Transaction ID: 18026045  Amount of Each Receipt this Perion  Transaction ID: 18026045  Amount of Each Receipt this Perion  Transaction ID: 18026045  Amount of Each Receipt this Perion  Transaction ID: 18026045  Amount of Each Receipt this Perion  Transaction ID: 18026045  Amount of Each Receipt this Perion  Transaction ID: 18026045	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/38 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A. Ms. Susan Stanfield  Mailing Address 6218 Muirlock Court  City State Zip Code Dublin OH 43017  FEC ID number of contributing federal political committee.  Name of Employer Other (specify) ▼ Cocupation Chief Executive Officer  Receipt For: Primary General Other (specify) ▼ State Zip Code OH 43402-2603  Full Name (Last, First, Middle Initial) Mr. Staney R Korducki Mailing Address 950 West Wooster Street  City State Zip Code OH 43402-2603  FEC ID number of contributing federal political committee.  Name of Employer Wood County Hospital  Receipt For: Primary General Other (specify) ▼ Date of Receipt this Perice State Zip Code OH 43402-2603  Full Name (Last, First, Middle Initial) Ms. Susane Carnocino, FACHE Mailing Address 903 Shore Drive  City State Zip Code President To-Date ▼ Date of Receipt To-Date	commercial purposes, other than using the name of COMMITTEE (In Full)	tements may not be sold or used by any person ame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Dublin OH 43017  FEC ID number of contributing federal political committee.  Name of Employer Ohio Hospital Association  Receipt For:  Primary General Other (specify) ▼  FEC ID number of contributing federal political committee.  Name of Employer Ohio Hospital Association  Receipt For:  Primary General Other (specify) ▼  State Zip Code OH 43402-2603  FEL ID number of contributing federal political committee.  Primary General Other (specify) ▼  FUII Name (Last, First, Middle Initial) Ms. Joanne Carrocino, FACHE Mailing Address 903 Shore Drive  City State Zip Code OH 43402-2603  Full Name (Last, First, Middle Initial) Ms. Joanne Carrocino, FACHE Mailing Address 903 Shore Drive  City State Zip Code NJ 08204-2234  FEC ID number of contributing federal political committee.  C Date of Receipt  Transaction ID: 18011925  Amount of Each Receipt this Period Packet Pa	s. Susan Stanfield		M M / D D / Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Onior Hospital Association  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Min: Stanley R Korducki Mailing Address 950 West Wooster Street  City State Zip Code Bowling Green OH 43402-2603 FEC ID number of contributing federal political committee.  Name of Employer Wood County Hospital Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mis. Joanne Carrocino, FACHE Mailing Address 903 Shore Drive  City State Zip Code President Aggregate Year-to-Date ▼  State Zip Code Transaction ID: 18011925  Amount of Each Receipt this Perid  State Zip Code  City State Zip Code		-	
Receipt For:     Primary	EC ID number of contributing		Amount of Each Receipt this Period  250.00
Mr. Stanley R Korducki  Mailing Address 950 West Wooster Street  City State Zip Code Bowling Green OH 43402-2603  FEC ID number of contributing federal political committee.  Name of Employer Wood County Hospital  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Stanley R Korducki  Mailing Address 903 Shore Drive  City State Zip Code Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Mr. Joanne Carrocino, FACHE Mailing Address 903 Shore Drive  City State Zip Code Cape May NJ 08204-2234  FEC ID number of contributing federal political committee.  Name of Employer Cape Regional Medical Center Receipt For: Primary General Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼  Frecipt For: Primary General Food Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼	eceipt For: Primary General	Chief Executive Officer  Aggregate Year-to-Date ▼  250.00	
City State Zip Code OH 43402-2603  FEC ID number of contributing federal political committee.  Name of Employer Wood County Hospital  Receipt For:	r. Stanley R Korducki	et	M M / D D / Y Y Y Y
Bowling Green  OH 43402-2603  Amount of Each Receipt this Peric  FEC ID number of contributing federal political committee.  Name of Employer Wood County Hospital  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Pall Name (Last, First, Middle Initial) Ms. Joanne Carrocino, FACHE  Mailing Address 903 Shore Drive  City State Zip Code City State Zip Code NJ 08204-2234  FEC ID number of contributing federal political committee.  Name of Employer Cape Regional Medical Center Receipt For: Primary General  Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼  Amount of Each Receipt this Peric  500.	ity	State Zip Code	
Receipt For:    Primary   General     Other (specify) ▼	owling Green	OH 43402-2603	Amount of Each Receipt this Period
Receipt For:     Primary		C	500.00
Receipt For:    Primary   General   500.00	ame of Employer l'ood County Hospital	•	
Ms. Joanne Carrocino, , FACHE  Mailing Address 903 Shore Drive  City State Zip Code Cape May  FEC ID number of contributing federal political committee.  Name of Employer Cape Regional Medical Center  Receipt For:  Primary General  Date of Receipt  M M M / D D D / Y Y Y D D D / Y Y Y D D D D D	Primary General	Aggregate Year-to-Date ▼	
City  Cape May  FEC ID number of contributing federal political committee.  Name of Employer Cape Regional Medical Center  Receipt For:  Primary  General  State Zip Code  Transaction ID: 18026045  Amount of Each Receipt this Period  C  Transaction ID: 18026045  Amount of Each Receipt this Period  Fresident and Chief Executive Officer  Aggregate Year-to-Date  FOO DO	s. Joanne Carrocino, , FACHE		Date of Receipt
Cape May       NJ       08204-2234       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       500.         Name of Employer Cape Regional Medical Center       Occupation President and Chief Executive Officer         Receipt For:       Aggregate Year-to-Date       ▼	ailing Address 903 Shore Drive		
FEC ID number of contributing federal political committee.  Name of Employer Cape Regional Medical Center Receipt For:  Primary General  C COccupation President and Chief Executive Officer  Aggregate Year-to-Date		•	Transaction ID: 18026045
ter Receipt For:  Primary  General  Aggregate Year-to-Date  FOO DO	EC ID number of contributing		Amount of Each Receipt this Period 500.00
Primary General 500.00	r	· ·	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	STOTAL of Receipts This Page (optional)	<b>&gt;</b>	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 38 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Elizabeth A. Ryan, Esq. Mailing Address 4 Brookside Drive		Date of Receipt
		02 26 2010
City	State Zip Code	Transaction ID: 18026066
Bordentown  FEC ID number of contributing federal political committee.	NJ 08505-4439	Amount of Each Receipt this Period  1500.00
Name of Employer New Jersey Hospital Association Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President & Chief Executive Officer  Aggregate Year-to-Date   1500.00	
Full Name (Last, First, Middle Initial) Mr. Kim C. Byas, Sr., MPH, Mailing Address One North Franklin		Date of Receipt  0 2 2 5 2 0 1 0
City	State Zip Code	Transaction ID: 18027887
<u>Chicago</u>	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For:  Primary General Other (specify) ▼	Occupation Regional Executive  Aggregate Year-to-Date   500.00	]
Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.		Date of Receipt
Mailing Address 6225 US Hwy 290 I	≣	0 2 2 8 2 0 1 0
City	State Zip Code	Transaction ID: PR331416023395
Austin	TX 78761-5587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Executive for TX	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	P/R Deduction (\$60.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	)	2120.00
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,	13870.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 38
	•		Use separate schedule(s) for each category of the	(check only one)
<b>! !</b>	EMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12
			, ,	13 14 15 16 X 17
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Date of Receipt
	Mailing Address 1400 G Street, NW			02 26 2010
	City	State	Zip Code	Transaction ID: 18086727
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing			270.90
	federal political committee.	C		270.30
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		559.28	Interest Earned
	Other (specify)		559.26	

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	270.90
TOTAL This Period (last page this line number only)	<b>•</b>	270.90

TEMIZED DISBURS			rate schedule(s)		FOR LINE (check onli	
		Detailed S	ategory of the Summary Page		21b 27	22 X 23 24 25 28a 28b 28c 29
						for the purpose of soliciting contributions olicit contributions from such committee
NAME OF COMMITTEE (Ir	 ı Full)					
American Hospital Asso	ociation PAC					
Full Name (Last, First, Midd	le Initial)					Transaction ID: 18001052
Prairieland PAC						Date of Disbursement  0 2 0 2 2 0 1 0
Mailing Address 228 S Suite I	. Washington Street B-20	<u> </u>				02 02 2010
City Alexandria		State VA	Zip Code 22314			Amount of Each Disbursement this Period
Purpose of Disbursement						5000.00
2010 Contribution Candidate Name				Ca	011 itegory/	
Prairieland PAC Office Sought: House	se Disburser	ment For:			Гуре	
Sena		Primary Other (spec	General oify) ▼			2010 Contribution
State: District:						
Full Name (Last, First, Midd PETEPAC: People for E	*	con Grow	rth			Transaction ID: 18001053 Date of Disbursement
Mailing Address 3686 King Street #146						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Alexandria		State VA	Zip Code 22302			Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Contribution					011	5000.00
Candidate Name PETEPAC: People for Enterprise Trade & Econ Growth					itegory/ Γype	
	Interprise Trade & E				71	
PETEPAC: People for E  Office Sought: Hous Sens Pres	se Disburser		General			2010 Contribution
PETEPAC: People for E  Office Sought: Hous Sena Pres  State: District:	se Disburser ate ident	ment For: Primary				
PETEPAC: People for E  Office Sought: Hous Sens Pres	Disburser dident Disburser	ment For: Primary				Transaction ID: 18001054 Date of Disbursement
PETEPAC: People for E  Office Sought: House Sense Pres  State: District:  Full Name (Last, First, Midd Pete Sessions For Cong	Disburser dident Disburser	ment For: Primary				Transaction ID: 18001054
PETEPAC: People for E  Office Sought: House Sense Pres  State: District:  Full Name (Last, First, Midd Pete Sessions For Cong	Disburser ate ident Disburser ate ident Disburser Disbur	ment For: Primary				Transaction ID: 18001054 Date of Disbursement  D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PETEPAC: People for E  Office Sought: House Sense Pres  State: District:  Full Name (Last, First, Midd Pete Sessions For Congement)  Mailing Address PO Book	Disburser ate ident Disburser ate ident Disburser Disbur	ment For: Primary Other (spec	zip Code		011	Transaction ID: 18001054 Date of Disbursement  D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PETEPAC: People for E Office Sought: House Sense Pres State: District:  Full Name (Last, First, Midd Pete Sessions For Conge Mailing Address PO Book City Dallas Purpose of Disbursement	Disburser ate ident Disburser ate ident Disburser Disbur	ment For: Primary Other (spec	zip Code	Ca	O11ttegory/	Transaction ID: 18001054 Date of Disbursement  O 2
PETEPAC: People for E Office Sought: House Sena Pres State: District:  Full Name (Last, First, Midd Pete Sessions For Cong Mailing Address PO Bo City Dallas Purpose of Disbursement Contribution Candidate Name Rep. Pete Sessions Office Sought: X House Sena Pres	Disburser  ate ident  le Initial) gress  Dx 823047  See Disburser  X ident	ment For: Primary Other (spec	Zip Code 75382	Ca	tegory/	Transaction ID: 18001054 Date of Disbursement  O 2
PETEPAC: People for E Office Sought: House Sena Pres State: District:  Full Name (Last, First, Midd Pete Sessions For Cong Mailing Address PO Both City Dallas  Purpose of Disbursement Contribution Candidate Name Rep. Pete Sessions  Office Sought: X House Sena	Disburser  ate ident  le Initial) gress  Dx 823047  See Disburser  X ident	ment For: Primary Other (spec	Zip Code 75382	Ca	tegory/	Transaction ID: 18001054 Date of Disbursement  M M M / D D M / Y Y Y O Y O Y  Amount of Each Disbursement this Period  1500.00

		Use separate schedule(s)		FOR LINE NUMBER: PAGE 23 / (check only one)			
TEMIZED DISBURSEME	Detaile	ch category of the ed Summary Pag	е	21b 27	22 X 23 28a 28b	24 25 20 28c 29 30	
ny Information copied from such Repor r for commercial purposes, other than u							
NAME OF COMMITTEE (In Full)	Joing the Hame and add	roco or arry point					
American Hospital Association	PAC						
Full Name (Last, First, Middle Initial)					Transaction ID:		
Barnett For Congress					Date of Disbursen	· ·	
Mailing Address PO Box 1937	7				02 02	2010	
City Emporia	State KS	Zip Code 66801			Amount of Each D	isbursement this Period	
Purpose of Disbursement					-	1000.00	
Contribution Candidate Name			-	011			
Mr. James Barnett				ategory/ Type			
Office Sought: X House Senate	Disbursement For X Primary		al		Contribution		
President	_	specify)	ai				
State: KS District: 01							
Full Name (Last, First, Middle Initial) Peters For Congress					Transaction ID:  Date of Disbursen		
Mailing Address PO Box 226					$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ D & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & D & I & O \end{smallmatrix} \end{bmatrix}$		
City Bloomfield Hills	State MI	Zip Code 48303			Amount of Each D	isbursement this Period	
Purpose of Disbursement Contribution			T	011		2500.00	
Candidate Name Rep. Gary C. Peters				ategory/ Type			
Office Sought: X House Senate	Disbursement For Primary		al		Contribution		
President	1 -	specify)					
State: MI District: 09  Full Name (Last, First, Middle Initial)						10001057	
John Hall For Congress					Transaction ID:  Date of Disbursen		
Mailing Address PO Box 469					02 02	2010	
City Beacon	State NY	Zip Code 12508			Amount of Each D	isbursement this Period	
Purpose of Disbursement	INT	12300	1-		-	1000.00	
Contribution			4 L	011 ategory/			
Candidate Name Rep. John J. Hall	Candidate Name Rep. John J. Hall						
Office Sought: X House Senate President	Disbursement For X Primary Other (s		al		Contribution		
State: NY District: 19		. →/ <del>▼</del>					
SUBTOTAL of Disbursements This Pa	age (optional)					4500.00	

	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)			R LINE			R:				PAG	E 24	/ 38	}
IT	EMIZED DISBURSEMENTS		category of the Summary Page			21b 27	<u></u>	9 2 8a	Х	23 28b		_	4 8c	25 29	E	3
	ny Information copied from such Reports and Stater for commercial purposes, other than using the nam															
K	NAME OF COMMITTEE (In Full)	e and address	55 Of arry political	COII		100 10 3	Olicit	,01111	ibut	10113	110	11 34	011 001			
$ \rangle$	American Hospital Association PAC															
	Full Name (Last, First, Middle Initial) Higgins For Congress									on II		_	0010	58		
	Mailing Address PO Box 28							<sup>м</sup> 2	М	/ D	0	2 /	Y	ž 0 1	0 <sup>Y</sup>	(
	City Buffalo	State NY	Zip Code 14220				A	mou	int o	f Eac	h I	Disbu	ırsem	ent this	Pe	eriod
	Purpose of Disbursement Contribution			Г	01	1.							1	500.0	00	
	Candidate Name Rep. Brian M. Higgins			С	ateg Typ	ory/ e										
		ement For: Primary Other (spe	2010 General cify)				C	ontr	ibut	ion						
_	State: NY District: 27															
	Full Name (Last, First, Middle Initial) Ed Royce For Congress							ate		<b>on II</b> isbur	sei	ment	0010	30		
	Mailing Address P.O. Box 2525							<sup>м</sup> 2	М	/ D	0	2 /	Y	ž 0 1	0	
	City Orange	State CA	Zip Code 92859				A	mou	int o	f Eac	h I	Disbu	ırsem	ent this	Pe	eriod
	Purpose of Disbursement Contribution				01					-				400.0	00	_
	Candidate Name Rep. Edward R. Royce			С	ateg Typ	ory/ e										
	9 1	ement For: Primary Other (spe	2010 General cify) ▼				C	ontr	ibut	ion						
	Full Name (Last, First, Middle Initial) Ciro D. Rodriguez for Congress									on II		_	0010	61		
	Mailing Address P.O. Box 14528							<sup>м</sup> 2	М	/ D	0	<sup>D</sup> /	Y	ž 0 1	0	1
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American Hospital Association PAC															
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Mailing Address PO Box 65116							0 2		´ L 1	16		2	0 Ĭ	0	
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Mailing Address 2931 E Dublin Granville	Road					0 <sup>M</sup> 2	М	/ [	<sup>D</sup> 1	<sup>D</sup> /	Υ	ž	0 ť (	) <sup>Y</sup>	
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Full Name (Last, First, Middle Initial) Bill Shuster For Congress						<b>Trans</b> Date		-	ırseı		19	63			
Mailing Address PO Box 27						0 <sup>M</sup> 2	М	′	<sup>D</sup> 1	<sup>D</sup> /	Υ	ž (	0 ť (	) <sup>Y</sup>	
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NAME OF COMMITTEE (In Full) American Hospital Association PAC															
Full Name (Last, First, Middle Initial) Kurt Schrader For Congress							Trans		-	ırser		230	5		
Mailing Address PO Box 3314 Suite 240							0 <sup>M</sup> 2	М	′	<sup>D</sup> 1 (	<sup>D</sup> /	Y 2	2 0 1 (	O Y	
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Full Name (Last, First, Middle Initial) Markey For Congress							Trans				1801 ment	2310	)		
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Friends Of Dan Maffei							Date		isbu	ırser			-	Y	
Mailing Address PO Box 74							0 <sup>M</sup> 2		L	<sup>D</sup> 1 (	6	2	žo i	0	
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American Hospital Association PAC												
Full Name (Last, First, Middle Initial) Friends Of Jane Harman					<b>Fransa</b> Date o				-	312		
Mailing Address PO Box 96					0 2	M /	1	6	/ Y	ž	0 Ť	o <sup>Y</sup>
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Rep. Jane Harman  Office Sought: X House Disburs	sement For: 2010	Ту	pe	4								
Senate 2	<ul><li>✓ Primary General</li><li>Other (specify) ▼</li></ul>			С	Contri	but	ion					
State: CA District: 36												
Full Name (Last, First, Middle Initial) Opportunity & Renewal Act (OR) PAC					<b>Fransa</b> Date o		-			225		
Mailing Address 2236 SE 10th Avenue					0 2	M /	D 2	2 2	/ Y	ž	0 Ť	o <sup>Y</sup>
City Portland	State Zip Code OR 97214			,	Amour	nt of	Each	Dist	ourse	men	t this	Period
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President State: District:	Other (specify)											
Full Name (Last, First, Middle Initial)				Η,	Transa	acti	on ID	. 19	รบชว	236		
We the People PAC					Date o		sburs	emer		200		
Mailing Address PO Box 2232					0 2	M /	D 2	2 2	/ Y	ž	0 1 (	o <sup>Y</sup>
City Jenkintown	State Zip Code PA 19046			/	Amour	nt of	Each	Dist	ourse	men	t this	Period
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	Mailing Address P.O. Box	19163						0 <sup>M</sup>	2 <sup>M</sup>	′	<sup>D</sup> 2	2 2	] ′ [	Ý ž	01	0 <sup>Y</sup>	
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	Full Name (Last, First, Middle In Cummings For Congress (	,	mittee								burse	eme	18086 ent	6147	7		
	Mailing Address PO Box	1631						0 <sup>M</sup>	2 <sup>M</sup>	′	<sup>D</sup> 2	2 2	] ′ [	Ý Ž	0 1	0 <sup>Y</sup>	
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	Candidate Name Rep. Elijah E. Cummings				С	atec Typ	ory/ e										
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	Mailing Address PO Box	1333						0 <sup>M</sup>	2 <sup>M</sup>	′	<sup>D</sup> 2	2 2	] ′ [	Ž	01	0 1	
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$\rangle$	American Hospital Association PAC	;													
	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress  Mailing Address P.O. Box 2232							Trans Date	of Di	isburs				0 Ĭ 0	Y
	City Jenkintown	Sta P/		Zip Code 19046				Amou	nt o	f Each	n Dist	oursei	ment	this P	erioc
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	Team Emerson For Jo Ann Emerso	n						Trans Date		isburs				0 Ĭ 0	Y
	Mailing Address P.O. Box 822 400 Broadway, Su	iite 501 Sta	ato	Zip Code				-	nt of					this P	
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	Office Sought:  X House Senate President State: MO District: 08		ent For: rimary Other (spec	2010  X General cify)		,,		Contr	ibut	ion					
	Full Name (Last, First, Middle Initial) Kosmas For Congress							Trans Date		-				V .	V
	Mailing Address PO Box 1547							0 2			2 2	Ĺ	2	0 1 0	
	City New Smyrna Beach	Sta FL		Zip Code 32170				Amou	nt o	f Each	n Dist	ourse	-	this P	-
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NAME OF COMMITTEE (In Full)  American Hospital Association PAC										
Full Name (Last, First, Middle Initial) Larson For Congress						ion ID:		1808659 ent	96	
Mailing Address 29 Ruff Circle				0 <sup>M</sup> 2	М	<sup>/</sup> 2	2 2	/ Y	ž 0 1 (	o <sup>Y</sup>
City Glastonbury	State Zip Code CT 06033			Amo	unt c	of Each	n Dis	sburseme		
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Candidate Name Rep. John B. Larson		tego Type	,							
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State: CT District: 01  Full Name (Last, First, Middle Initial) Larson For Congress						ion ID:		1808660	)4	
Mailing Address 29 Ruff Circle				0 <sup>M</sup> 2	М		2 2		ž 0 1 (	) Y
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Full Name (Last, First, Middle Initial)  Daniel K Inouye For U S Senate				Date	of D	isburs	eme			
Mailing Address 1088 Bishop St Suite 1	009			0 <sup>M</sup> 2	М	/ D2	2 2	/ Y	ž 0 i (	) Y
City Honolulu	State Zip Code HI 96813			Amo	unt c	of Each	ı Dis	sburseme		
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<u>/</u>	Full Name (Last, Kirkpatrick For	First, Middle Initial) Arizona								on ID:	1808 ement	6696		
	Mailing Address	PO Box 993						0 <sup>M</sup> 2	2 M	<sup>D</sup> 2	<sup>D</sup> /	Y Ž	0 1 0	Y
	City Prescott			State AZ	Zip Code 86302			Amo	ount of	Each	Disburs			-
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		First, Middle Initial)								on ID:	1808 ement	6698		
	Mailing Address	PO Box 993						0 <sup>M</sup> 2	2 M	<sup>D</sup> 2	<sup>D</sup> /	Ý Ž	0 Ĭ 0	Y
	City Prescott			State AZ	Zip Code 86302			Amo	ount of	Each	Disburs			-
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	Candidate Name Rep. Ann Kirkp	atrick				tego Type								
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	State: AZ Full Name (Last, Paul Tonko Fo	District: 01 First, Middle Initial) r Congress								on ID:	1808 ement	6699		
	Mailing Address	911 Central Ave	enue					0 2	2 M	<sup>D</sup> 2	<sup>D</sup> /	<sup>Y</sup> 2	0 1 0	Y
	City Albany			State NY	Zip Code 12206			Amo	ount of	Each	Disburs			-
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	Rep. Paul Davi		1			tego Type	-							
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							n for the purpose of soliciting contributions solicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Hospital Association I			o o. a., political			
	Full Name (Last, First, Middle Initial) Cantor For Congress						Transaction ID: 18086700 Date of Disbursement
i	Mailing Address P. O. Box 178	13					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Richmond	State VA		Zip Code 23226			Amount of Each Disbursement this Per
(	Purpose of Disbursement Contribution Candidate Name					011	1000.00
	Rep. Eric I. Cantor  Office Sought: X House	Disbursement	For:	2010		tegory/ Type	
	Senate President State: VA District: 07	Prim		X General			Contribution
	Full Name (Last, First, Middle Initial) Democrats Win Seats PAC						Transaction ID: 18086701 Date of Disbursement
i	Mailing Address 1071 Turin Bra	anch Lane					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Weston	State FL		Zip Code 33326			Amount of Each Disbursement this Per
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	Candidate Name					tegory/ Type	
	Democrats Win Seats PAC						
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;	Office Sought: House Senate President	Prim	nary				Transaction ID: 18086703 Date of Disbursement
;	Office Sought:  Senate President  State:  District:  Full Name (Last, First, Middle Initial)	Prim	nary				Transaction ID: 18086703
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	Office Sought:  Senate Senate President  State:  District:  Full Name (Last, First, Middle Initial)  Upton For All Of Us  Mailing Address P.O. Box 490  City St. Joseph  Purpose of Disbursement Contribution	Prim Othe	nary	Zip Code		011	Transaction ID: 18086703 Date of Disbursement  O 2 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Office Sought:  House Senate President State:  District:  Full Name (Last, First, Middle Initial) Upton For All Of Us  Mailing Address P.O. Box 490  City St. Joseph  Purpose of Disbursement Contribution  Candidate Name Rep. Frederick Stephen Upton	State MI	nary	Zip Code 49085	Ca	011 tegory/ Гуре	Transaction ID: 18086703 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Office Sought:    House   Senate   President     State: District:	State MI  Disbursement X Prim	rary  er (spec	Zip Code 49085	Ca	tegory/	Transaction ID: 18086703 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	١ .	-	E NUMBER:	F	AGE 3	4 / 38
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check or 21b 27	22 X 2	23 24 28b 28c	25	— —
Any Information copied from such Reports and Statem			ny persor	for the purpose	of soliciting	contributi	ons
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	e and address of any political	ı comr	nittee to s	SOIICIT CONTRIBUTION	ns from such	committe	ee
American Hospital Association PAC							
Full Name (Last, First, Middle Initial) Michael Burgess For Congress				Transaction Date of Disl	n ID: 1808 bursement	6704	
Mailing Address PO Box 2334				0 2 M	<sup>D</sup> 25 <sup>D</sup>	y žo	1 0 °
City Denton	State Zip Code TX 76202			Amount of E	Each Disburs		
Purpose of Disbursement Contribution			)11			1000	.00
Candidate Name Mr. Michael C. Burgess			egory/ ype				
	Primary General Other (specify)			Contribution	on		
Full Name (Last, First, Middle Initial) Langevin For Congress				Transaction Date of Disl	n ID: 1808 bursement	6706	
Mailing Address 181-A Knight St				0 2 M	<sup>D</sup> 25 /	<sup>Y</sup> <sup>Y</sup> 2 0	1 0 °
City Warwick	State Zip Code RI 02886			Amount of E	Each Disburs		
Purpose of Disbursement Contribution			)11	L		1000	.00
Candidate Name Rep. James R. Langevin			egory/ ype				
	ement For: 2010 Primary General Other (specify)			Contributio	on		
Full Name (Last, First, Middle Initial) Blumenauer For Congress				Transaction Date of Disl	n ID: 1808 bursement	6707	
Mailing Address 830 Ne Holladay, #105				02 4	<sup>D</sup> 25 /	y žo	1 0 Y
City Portland	State Zip Code OR 97232			Amount of E	Each Disburs		
Purpose of Disbursement Contribution			)11			1000	.00
Candidate Name Rep. Earl Blumenauer			egory/ ype				
Office Sought:  X House Senate President State: OR Disburse	ement For: 2010 Primary X General Other (specify)			Contribution	on		
SUBTOTAL of Disbursements This Page (optional)			▶			3000	.00
TOTAL This Period (last page this line number only)			•				

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s		R LINE NUMBER: PAGE 35 / 38 eck only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 22 X 23 24 25 27 28a 28b 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full)	and and address of any pointed		
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  Dave Camp For Congress 2010			Transaction ID: 18086709 Date of Disbursement
Mailing Address 5915 Eastman Avenu Suite 100	e		02 7 25 7 2010
City Midland	State Zip Code MI 48640		Amount of Each Disbursement this Period
Purpose of Disbursement			2500.00
Contribution		011	
Candidate Name Rep. David Lee Camp		Categor Type	· ·
Office Sought: X House Disb	ursement For: 2010  X Primary General		Contribution
President	Other (specify)		
State: MI District: 04			
Full Name (Last, First, Middle Initial)			Transaction ID: 18086710
Mike McIntyre For Congress			Date of Disbursement
Mailing Address P.O. Box 1			02 7 25 7 2010
City Lumberton	State Zip Code NC 28359		Amount of Each Disbursement this Period
Purpose of Disbursement	110 2000	I	500.00
Contribution		011	
Candidate Name Rep. Mike McIntyre		Categor Type	
Office Sought: X House Disb	ursement For: 2010	1	Contribution
Senate	X Primary General		Contribution
State: NC District: 07	Other (specify)		
Full Name (Last, First, Middle Initial) Mike McIntyre For Congress			Transaction ID: 18086711 Date of Disbursement
Mailing Address P.O. Box 1			0 2 2 5 2 0 1 0
	Ctoto 7:- Oads		
City Lumberton	State Zip Code NC 28359		Amount of Each Disbursement this Period
Purpose of Disbursement		1.	500.00
Contribution Candidate Name		011 Categor	
Rep. Mike McIntyre		Categor Type	
Office Sought:  X House  Senate  President	rrsement For: 2010 Primary X General Other (specify) ▼	1 // -	Contribution
State: NC District: 07	(-		
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 38 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
		ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full)  American Hospital Association PAC	and address of any pointed con-	
Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey Inc.		Transaction ID: 18086712 Date of Disbursement
Mailing Address P.O. Box 714		0 2 M / 2 5 / Y 2 0 1 0 Y
City Hackensack	State Zip Code NJ 07602	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011
Candidate Name Rep. Steven R. Rothman  Office Sought: X House Dis		rype
State: NJ District: 09	X Primary General Other (specify)	Contribution
Full Name (Last, First, Middle Initial)  Pete King For Congress Committee		Transaction ID: 18086713 Date of Disbursement
Mailing Address Post Office Box 142	3	$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} M & Y \\ Z & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ Z & D & I & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} M & M \\ Z & D & I & O \end{smallmatrix} \end{bmatrix}$
City Seaford	State Zip Code NY 11783	Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		500.00
Candidate Name Rep. Peter T. King		tegory/ Гуре
Office Sought:  X House Senate President State: NY District: 03	oursement For: 2010  X Primary General  Other (specify) ▼	Contribution
Full Name (Last, First, Middle Initial) Pete King For Congress Committee		Transaction ID: 18086715 Date of Disbursement
Mailing Address Post Office Box 142	3	02
City Seaford	State Zip Code NY 11783	Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution Candidate Name		500.00
Rep. Peter T. King		tegory/ Type
Office Sought:  X House Senate President State: NY District: 03	oursement For: 2010 Primary X General Other (specify) ▼	Contribution
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Any Information copied from such Reports and Statements may not be sold or used by any persor for commercial purposes, other than using the name and address of any political committee to NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  John Salazar For Congress  Mailing Address PO Box 534  City State Zip Code Pueblo CO 81002  Purpose of Disbursement Contribution  Candidate Name Rep. John T. Salazar  Office Sought: X House President State: CO District: 03  Full Name (Last, First, Middle Initial)  Castle Campaign Fund  Mailing Address PO Box 133  City State Zip Code Co 81002  Purpose of Disbursement For: 2010  Senate President Other (specify) ▼  City State Zip Code Other (specify) ▼  Type  Office Sought: House Disbursement For: 2010  X Senate President State Disbursement For: 2010  Candidate Name Mike Castle  Office Sought: House Disbursement For: 2010  X Senate President State: DE District:  Full Name (Last, First, Middle Initial)  Castle Campaign Fund	28a 28b 28c 29 on for the purpose of soliciting contributions
or for commercial purposes, other than using the name and address of any political committee to  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial) John Salazar For Congress  Mailing Address PO Box 534  City State Zip Code Pueblo CO 81002  Purpose of Disbursement Contribution Candidate Name Rep. John T. Salazar  Office Sought: X House Senate President State: CO District: 03  Full Name (Last, First, Middle Initial) Castle Campaign Fund  Mailing Address PO Box 133  City State Zip Code Wilmington DE 19899  Purpose of Disbursement Contribution Candidate Name Mike Castle  Office Sought: House Senate President State: DE District:  Full Name (Last, First, Middle Initial)  Category/ Type  Disbursement For: 2010  A Primary General Category/ Type  Other (specify) ▼  State Zip Code Wilmington  Other (specify) Type  Other (specify) Type  Category/ Type  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Transaction ID: 18087118 Date of Disbursement  M M / D 2 D / Y Y Y O Y O Y  Amount of Each Disbursement this Period  Contribution  Transaction ID: 18087119 Date of Disbursement  M M / D D D / Y Y Y O Y O Y  2 0 1 0 Y  Amount of Each Disbursement  Transaction ID: 18087119 Date of Disbursement  M M M / D D D / Y Y Y O Y O Y  Amount of Each Disbursement this Period
NAME OF COMMITTEE (In Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) John Salazar For Congress  Mailing Address PO Box 534  City State Zip Code CO 81002  Purpose of Disbursement Contribution Candidate Name Rep. John T. Salazar  Office Sought: X House Senate President State: CO District: 03  Full Name (Last, First, Middle Initial) Castle Campaign Fund  Mailing Address PO Box 133  City State Zip Code X Primary General Other (specify) ▼  State Zip Code Wilmington  DE 19899  Purpose of Disbursement Contribution Candidate Name Mike Castle Office Sought: House X Senate President State: DE District:  Full Name (Last, First, Middle Initial)  Category/ Type  Disbursement For: 2010 X Primary General Category/ Type  Other (specify) ▼  State: DE District:  Full Name (Last, First, Middle Initial)	Transaction ID: 18087118 Date of Disbursement  M M M D 2 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 534  City State Zip Code Pueblo CO 81002  Purpose of Disbursement Contribution  Candidate Name Rep. John T. Salazar  Office Sought: X House Senate President State: CO District: 03  Full Name (Last, First, Middle Initial)  Castle Campaign Fund  Mailing Address PO Box 133  City State Zip Code DE 19899  Purpose of Disbursement Contribution  Candidate Name Mike Castle  Office Sought: House X Senate President Disbursement For: 2010  X Primary General Pise President De 19899  Purpose of Disbursement Contribution  Candidate Name Mike Castle  Office Sought: House X Senate President Disbursement For: 2010  X Primary General Category/ Type  Office Sought: House X Senate President Disbursement For: 2010  X Primary General Other (specify) ▼  State: DE District:  Full Name (Last, First, Middle Initial)	Date of Disbursement  M M M M D D D M Y Y Y O Y O Y  Amount of Each Disbursement this Period  1000.00  Contribution  Transaction ID: 18087119  Date of Disbursement  M D M M D D D M Y Y Y O Y O Y O Y  Amount of Each Disbursement this Period
City Pueblo CO 81002  Purpose of Disbursement Contribution Candidate Name Rep. John T. Salazar  Office Sought: X House Senate President State: CO District: 03  Full Name (Last, First, Middle Initial) Castle Campaign Fund  Mailing Address PO Box 133  City State Zip Code DE 19899  Purpose of Disbursement Contribution Candidate Name Mike Castle  Office Sought: House X Primary General Disbursement Zip Code DE 19899  Purpose of Disbursement Contribution Candidate Name Mike Castle  Office Sought: House X Senate President State: DE District:  Full Name (Last, First, Middle Initial)	Amount of Each Disbursement this Period  1000.00  Contribution  Transaction ID: 18087119 Date of Disbursement  M M / D D D / Y Y Y O Y O Y O Y O Y O Y O Y O Y O Y
Pueblo CO 81002  Purpose of Disbursement Contribution  Candidate Name Rep. John T. Salazar  Office Sought: X House President State: CO District: 03  Full Name (Last, First, Middle Initial) Castle Campaign Fund  Mailing Address PO Box 133  City Wilmington  Purpose of Disbursement Contribution  Candidate Name Mike Castle  Office Sought: House X Senate DE District:  Disbursement For: 2010 X Primary General Other (specify) ▼  State Zip Code DE 19899  Purpose of Disbursement Contribution  Candidate Name Mike Castle  Office Sought: House X Senate President State: DE District:  Full Name (Last, First, Middle Initial)	Contribution  Transaction ID: 18087119 Date of Disbursement  M M / D D D / Y Y Y O Y O Y O Y O Y O Y O Y O Y O Y
Contribution Candidate Name Rep. John T. Salazar  Office Sought: X House Senate President State: CO District: 03  Full Name (Last, First, Middle Initial) Castle Campaign Fund  Mailing Address PO Box 133  City State Zip Code Wilmington DE 19899  Purpose of Disbursement Contribution Candidate Name Mike Castle  Office Sought: House X Senate President State: DE District:  Full Name (Last, First, Middle Initial)  Category/ Type  Disbursement For: 2010  X Primary General Other (specify)   Other (specify)   Other (specify)   Other (specify)   Type	Contribution  Transaction ID: 18087119 Date of Disbursement  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rep. John T. Salazar  Office Sought:  X House Senate President State: CO District: 03  Full Name (Last, First, Middle Initial) Castle Campaign Fund  Mailing Address PO Box 133  City Wilmington  Purpose of Disbursement Contribution Candidate Name Mike Castle  Office Sought:  X Primary General  X Primary General  Other (specify)  Other (specify)   Type  Disbursement For: Category/ Type  Office Sought:  X Primary General  Other (specify)  V  State: DE District:  Full Name (Last, First, Middle Initial)	Transaction ID: 18087119 Date of Disbursement
Senate	Transaction ID: 18087119 Date of Disbursement
Full Name (Last, First, Middle Initial) Castle Campaign Fund  Mailing Address PO Box 133  City State Zip Code Wilmington DE 19899  Purpose of Disbursement Contribution Candidate Name Mike Castle  Office Sought: House X Senate President State: DE District:  Full Name (Last, First, Middle Initial)	Date of Disbursement  O 2 M / D 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 133  City State Zip Code Wilmington DE 19899  Purpose of Disbursement Contribution  Candidate Name Mike Castle  Office Sought: House X Senate President President  State: DE District:  Full Name (Last, First, Middle Initial)	Amount of Each Disbursement this Period
City State Zip Code Wilmington DE 19899  Purpose of Disbursement Contribution 011  Candidate Name Mike Castle Category/ Type  Office Sought: House X Senate President President State: DE District:  Full Name (Last, First, Middle Initial)	
Purpose of Disbursement Contribution  Candidate Name Mike Castle  Office Sought:  Very Senate Very President State: DE  District:  Pull Name (Last, First, Middle Initial)  Other (specify)  Other (specify)  Full Name (Last, First, Middle Initial)	2000.00
Candidate Name Mike Castle  Office Sought:  House X Senate President State: DE  District:  Full Name (Last, First, Middle Initial)  Category/ Type  Disbursement For:  X Primary General Other (specify)  Type	
Office Sought:    House	1
Full Name (Last, First, Middle Initial)	Contribution
Castic Campaign Fund	Transaction ID: 18087470 Date of Disbursement
Mailing Address PO Box 133	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City State Zip Code Wilmington DE 19899	Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution 011	3000.00
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SCHEDULE B (FEC Form 3X)  ITEMIZED DISBURSEMENTS  Use separate schedule(s) for each category of the Detailed Summary Page  Use separate schedule(s) for each category of the Detailed Summary Page    X   21b   22   23   24   25   29			
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)	26 30b		
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  Paymentech  Transaction ID: 18086725  Date of Disbursement	V		
Mailing Address 14221 Dallas Parkway Building Two	נ '		
City State Zip Code Amount of Each Disbursement this Dallas TX 75254			
Purpose of Disbursement Merchant Fees  001	3		
Candidate Name Category/ Type			
Office Sought:  Senate  Primary  Other (specify)  Merchant Fees  Merchant Fees			

SUBTOTAL of Disbursements This Page (optional)		88.53
TOTAL This Period (last page this line number only)	<b>•</b>	88.53